

VICTIM IMPACT STATEMENT

United States v. U.S. v. Christopher Walters et. al

Court Number CR08-1359-PHX-GMS

Victim Advocate Eydie Robertson

The Judge in this case is interested in knowing the impact this crime has had on you financially and emotionally. Additionally, the court would like to know your opinion regarding the defendant(s) sentence. In an effort to provide this information to the court, we request your voluntary cooperation in completing this form. This information will be made available to the court and to the defendant and his/her attorney. **Claims for restitution must be supported with receipts.**

Name of Victim _____

- 1. Please list your financial losses from this crime, and attach any receipts or other records whenever possible.

\$ _____

- 2. Please list any amounts of money that the Defendant(s) have already repaid.

TOTAL LOSS REPAID: \$ _____

- 3. If you filed an application for compensation through the State of Arizona’s Crime Victim Compensation Program, were you compensated for your out-of-pocket crime-related expenses? If so, please list the amount.

\$ _____

- 4. Have you or anyone on your behalf initiated any civil action against any party as a result of this offense? () Yes/() No. If yes, list the case name, docket number and court jurisdiction and address.

- 5. Have you received any money or assets from the defendant as a result of this litigation? () Yes/() No. If yes, how much

- 6. Have you initiated bankruptcy proceedings as a result of this crime? () Yes/() No.

If yes, list the case name, docket number, and status of the case.

7. If you have suffered any other expenses or harm as a result of this crime, please list them below. Please include such items as counseling, medical bills, etc. Please be specific and attach copies of receipts if possible. You may also discuss the emotional impact of the crime on you and your family, or have your family members submit additional letters describing the impact of the crime on each of them. Feel free to use additional pages if needed.

Print Name: _____
Relation to Victim: _____
Signature _____
Date: _____

Please return by April 10, 2009 to:

United States Attorney's Office
Victim Witness Program
Attn: Eydie Robertson
Two Renaissance Square
40 N. Central Ave, Ste 1200
Phoenix, AZ 85004-4408
Fax: (602) 514-7650

PRIVACY ACT STATEMENT

1. **AUTHORITY:** There is no statutory authority for the collection of this information. This information is supplied on a VOLUNTARY basis by victims of crime.
2. **PURPOSE AND USE:** To obtain information which will enable the United States Attorney's Office to; assess victims' needs, provide input to the prosecutor, obtain court-ordered restitution and assist the United States Probation Office in preparing the Victim Impact Statement.
3. **EFFECTS OF NON-DISCLOSURE:** Disclosure of this information is VOLUNTARY. Failure to disclose may result in an inadequate assessment of victims' needs.